

FILED MAR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9904

State File No.

BIRTH NO.		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5980		Registrar's No. 48			
1. PLACE OF DEATH a. COUNTY <u>Folk (Rural Township)</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Folk</u>					
b. CITY OR TOWN <u>Wishart</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wishart (Rural Township)</u>		OR TOWN <u>Wishart</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Village of Wishart</u>				d. STREET ADDRESS (If rural, give location) <u>Village of Wishart</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sally</u> b. (Middle) <u>Jane</u> c. (Last) <u>Howell</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 15, 1950</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 23, 1898</u>			
9. AGE (In years last birthday) <u>51</u>		10. UNDER 1 YEAR <u>10</u> MONTHS <u>20</u> DAYS		11. BIRTHPLACE (State or foreign country) <u>Folk County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		13a. FATHER'S NAME <u>Thomas J. Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Biersens Williams</u>			
13c. NAME OF HUSBAND OR WIFE <u>William S. Howell</u>		14. NAME OF HUSBAND OR WIFE <u>William S. Howell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Eddie Lossius</u>				ADDRESS <u>Morrisville Mo</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacterial Endocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sudden Severe Shock</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				INTERVAL BETWEEN ONSET AND DEATH <u>4300</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>March 1, 1950</u> , to <u>March 15, 1950</u> , that I last saw the deceased alive on <u>March 15, 1950</u> , and that death occurred at <u>4:30</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>H. H. Harnell</u> (Degree or title)				23b. ADDRESS <u>Morrisville, Missouri</u>		23c. DATE SIGNED <u>March 15, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 19, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Agnes Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>South of Bolivar, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Mar 25, 1950</u>		REGISTRAR'S SIGNATURE <u>Ralph Gorden</u>		FUNDING DIRECTOR'S SIGNATURE <u>Blue Bolivar, Mo.</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 25029

Date Filed 3.27.50

MAR 29 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Chas. J. Ester

Licensed Embalmer No. 4154

P. O. Address Beltsville, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.